

**STATE OF RHODE ISLAND**

County of \_\_\_\_\_

Estate of \_\_\_\_\_

Alias \_\_\_\_\_

Alias \_\_\_\_\_

**PROBATE COURT OF THE**

No. \_\_\_\_\_

Date

**CONSERVATORSHIP**

Name of Petitioner

Relationship to Respondent

Name of Respondent

No.

Street

No.

Street

City/Town

State

Zip

Phone Number

City/Town

State

Zip

Phone Number

Personal estate estimated at: \$\_\_\_\_\_.

Petitioner respectfully requests that:

Name of Nominee

Relationship to Respondent

Name of Co-Nominee (if any)

Relationship to Respondent

No.

Street

No.

Street

City/Town

State

Zip

Phone Number

City/Town

State

Zip

Phone Number

or any suitable person may be appointed CONSERVATOR of the above respondent who has become

incapacitated by reason of: ☐ advanced age ☐ mental weakness☐ other: \_\_\_\_\_

to properly care for his/her property.

***Attach form PC—9.1, Waiver, if applicable.****The undersigned petitioner makes affidavit and says that the above facts are true as to the best of his/her knowledge and belief.*

Signature of petitioner

Date

\_\_\_\_\_. Sc.

*Subscribed and sworn to before me as to the truth of all of the above facts by the petitioner.*

Notary public (please print name)

Notary public signature

DECREE

Upon hearing, it is hereby ordered and decreed:

Allegations found true:

Appointed **CONSERVATOR(s)**:

Name of Appointed Conservator		Relationship to Respondent		Name of Appointed Co-Conservator (if any)		Relationship to Respondent	
No. Street				No. Street			
City/Town	State	Zip	Phone Number	City/Town	State	Zip	Phone Number

With the following limitations on his/her/their authority:

Bond fixed at: \$

[ ] With surety

[ ] Without surety

(if with surety, indicate type)

Appointed **APPRAISER(s)**: (if different from above)

Name		Name	
No. Street		No. Street	
City/Town	State	Zip	Phone Number
City/Town	State	Zip	Phone Number

Entered as an order and decree of the court on:

Date	Probate Judge
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